

► GENDER, RACE & CLASS ◀

ENDURING INEQUITIES IN LATER LIFE A NORTH CAROLINA PERSPECTIVE

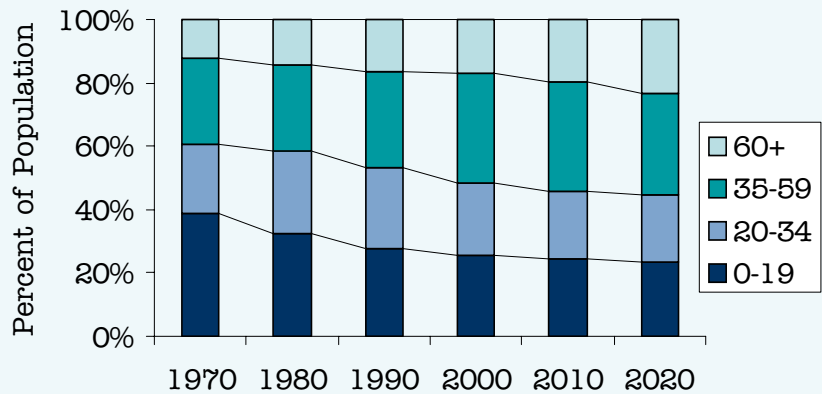
Gender, race and class are critical concerns for older adults in NC

The population of North Carolina is steadily growing older. In 1970, the median age in the state was 26.5 years, and it rose to 35.3 years in 2000.¹ By 2020, the median age in North Carolina is expected to be 38.4 years. The older population is increasing while younger age groups are declining, as illustrated in Figure 1. The implications of an older population include increased demand for support services, need for long term care solutions, etc. The effects of aging are compounded by the additional effects of race, class, and gender. People in these categories are at higher risk for health and social problems. The term 'quadruple jeopardy' refers to the simultaneous effects of being old, minority, female, and poor. In North Carolina, women, minorities, and low-income persons are a significant portion of the elderly population. In fact, the percent of those populations is larger in NC than the overall U.S., as shown in Figure 2.

References

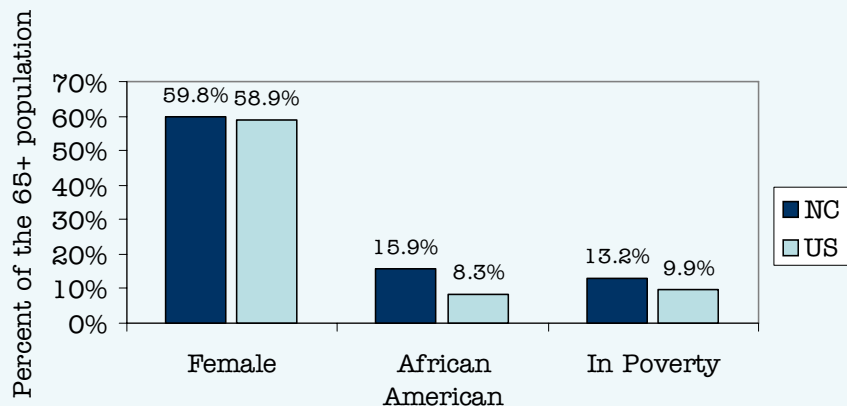
1. NC Office of State Planning, State Demographics Unit. (2004). Past and Expected Trends.
2. US Census Bureau Population Estimates Program. Available: <http://www.census.gov/popest/estimates.php>
3. NC State Demographics Unit, County/State Projections. Available: <http://demog.state.nc.us/>

Figure 1: Population Shift in North Carolina



source: 1970-1990 data from US Census Bureau, Population Estimates Program (2); 2000-2020 data from NC State Demographics Unit, County/State Projections (3)

Figure 2: How North Carolina's Aging Population Compares to the Overall US

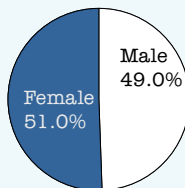


source: NC Division on Aging, 2003-2007 State Aging Services Plan, p12

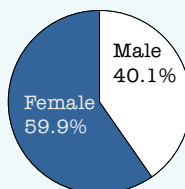
GENDER & AGE: As they age, women and men face different challenges in areas such as health and living conditions.

Gender of the Population in NC

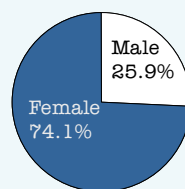
All Ages



Age 65+



Age 85+



source: U.S. Census Bureau, Census 2000 Summary File 1

Compared to the overall population in North Carolina, which has a nearly equal proportion of women to men, the over 65 population has an unequal proportion of women to men (3 women for every 2 men). In higher age groups, this proportion increases dramatically.

One reason for the higher numbers of elderly women is that women have a higher life expectancy than men. In North Carolina, women of all races have higher life expectancies at birth and at age 65, than men. These striking differences can be seen in

the two charts at right.

Women live longer, report higher rates of physical disability, and spend more years in a disabled state. They also make up a substantially larger proportion of the nursing home population and are more

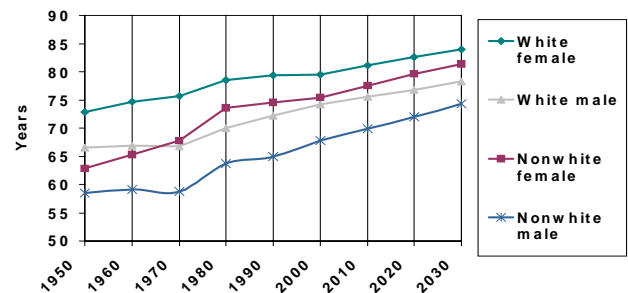
vulnerable in terms of need for formal and informal care.¹ Older women are more at risk for certain health problems. For example, nearly two-thirds of all Americans with arthritis are

women, and they consequently require assistance with activities of daily living, such as bathing, dressing, eating, and walking.²

Race also plays a role in the effects of aging on women; both charts

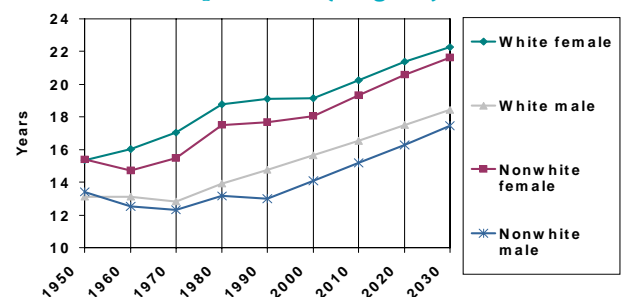
at right illustrate that nonwhite women have shorter life expectancies than white women. In sum, women live longer than men, are more likely to live alone and in poverty, and are more likely to need assistance as they age, but less likely to have a spouse for assistance.

NC Life Expectancies (at birth)



Source: NC State Demographics Unit (7)

NC Life Expectancies (at age 65)



Source: NC State Demographics Unit (7)

Facts About Gender & Aging:

► Older men are more likely to be married than older women. In NC, there are 2½ times more unmarried women aged 65-84 than unmarried men.³ One implication: when health fails, men are more likely to have a spouse for assistance.

► Women are more likely to live alone. In 2003, 40% of older women lived alone, compared to 19% of older men.⁴

► There is a higher rate of poverty among elderly women than elderly men. In 2003, 12% of women over 65 were living in poverty, compared with 8% of men. African American women 75 and older are six times more likely to be poor than men in general.⁵

► Women outnumber men in nursing homes. In 1999, almost 75% of nursing home residents over 65 were women.⁶

References

1. Guralnik JM, et. al., eds. The Women's Health and Aging Study: Health and Social Characteristics of Older Women with Disability. Bethesda, MD: National Institute on Aging, 1995; NIH Pub. No. 95-4009.
2. National Academy on an Aging Society. "Arthritis: a leading cause of disability in the United States," March 2000.
3. NC Division of Aging and Adult Services. (2003). The 2003-2007 North Carolina aging services plan. <http://www.dhhs.state.nc.us/aging/sasp2003.pdf>
4. Federal Interagency Forum on Aging-Related Statistics. (2004). Older Americans 2004: key indicators of well-being. http://agingstats.gov/chartbook2004/OA_2004.pdf
5. Institute for Research on Women & Gender. (2002). Aging in the twenty-first century: difficult dialogues program consensus report. <http://www.stanford.edu/group/IRWG/ResearchPrograms/DifficultDialogues/1/ConsensusReport.pdf>
6. See #4.
7. NC State Demographics Unit, North Carolina Life Expectancies. (2005). Available: <http://demog.state.nc.us/demog/vitalr4.html>

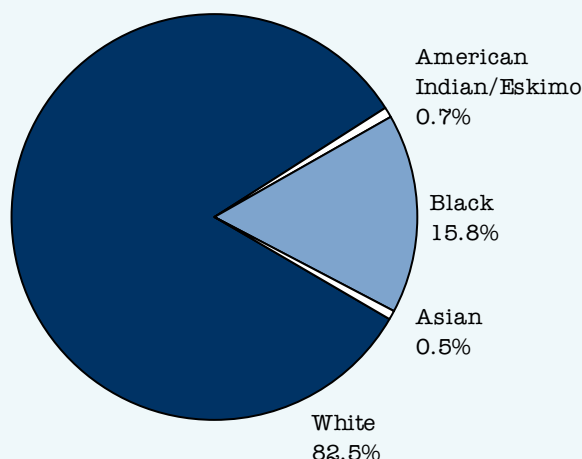
RACE & AGE: As the U.S. grows more diverse, the elderly population is also becoming more racially and ethnically complex.

The elderly population of North Carolina is primarily white. However, North Carolina has a significantly higher percentage of black elderly (16%) than the overall U.S. (8%). In contrast, North Carolina has a much lower percentage of Hispanic elderly (0.6%) than the U.S. (5%). The percentages of minority elders are expected to increase in North Carolina in the future.

Older adults often have different characteristics, needs and concerns based on their racial or ethnic background. One example is health disparities. For example, the percentage of older people in North Carolina with diabetes is much higher among minorities, while Alzheimer's Disease is more common among older white persons.¹ There are also significant financial disparities based on race. In 2001, the median net worth of households headed by older white persons was five times higher

(\$205,000) than for blacks (\$41,000).² Geographic location and access to health care are additional issues that affect older minorities. In North Carolina, the highest percentages of minority elders live in the most rural counties where access to services like transportation and health care is difficult. For example, the top five counties with the most minority elders are: Bertie (51%), Robeson (51%), Warren (49%), Hertford (49%), Northhampton (48%). All five of these counties are designated shortage areas for health professionals.³

Racial Composition of North Carolina's Over Age 65 Population



Comparison with Overall U.S.

In 2000, the racial composition of the over 65 population in the U.S. was:
White: 86.9%
Black: 8.1%
Asian: 2.3%
Some Other Race: 1.3%
Two or More Races: 1.0%
American Indian: .4%
Hispanic: 5.0%*

* About the Hispanic Population

Note: Persons of Hispanic origin may be of any race. The racial categories in the chart at left include Hispanics. The 65+ Hispanic population in North Carolina comprised 0.6% of the total 65+ population, primarily concentrated in the white and black race categories.

Source: U.S. Census Bureau, Census 2000 Summary File 1; figure for "Some other Race" in NC is .2% and "Two or More Races" in NC is .4%.

Facts About Race & Aging:

► In North Carolina, minority men and women don't live as long as whites, yet they have more years of poor health from chronic disease and other health issues. Minority women have the most years of poor health (16.5 years), while white men have the fewest (10.6 years).⁴

► In 2001, minority women in North Carolina died of several diseases (including breast cancer, diabetes, and colorectal cancer) at significantly higher rates than white women.⁵

► There are differences by race and ethnicity in the prevalence of chronic conditions. For example, older black people report 17% more hypertension and 9% more diabetes than older white people.⁶

► Older whites were far less likely than blacks and Hispanics to be living in poverty—about 8 percent compared with 24 percent of older blacks and 21 percent of older Hispanics.⁷

► Race is a major factor in the use of long term care services by frail elders. In a 1994 study, whites had the highest use of regular home health care, Hispanics were more likely to use mobile meal service, and blacks had the highest church and social center participation.⁸

► The median age of all minorities in North Carolina is projected to increase at a greater rate than for the general population, from 30.4 years in 2000 to 35.1 years in 2030.⁹

References

1. State Center for Health Statistics. (2003). A health profile of older North Carolinians. Raleigh, NC.
2. Federal Interagency Forum on Aging-Related Statistics. (2004). Older Americans 2004: key indicators of well-being.
3. NC Division of Aging, 1999-2003 State Aging Services Plan.
4. CDC, Chronic Disease Notes & Reports vol 16, no 2/3
5. North Carolina Program for Women's Health Research. (2003). 2003 North Carolina women's health report card.
6. See number 2.
7. See number 2.
8. Mui, A.C. & Burnette, D. (1994). Long term care service use by frail elders: is ethnicity a factor? *The Gerontologist*, 34, 190-198.
9. NC Office of State Planning, State Demographics Unit. (2004). Past and Expected Trends.

CLASS & AGE: In this time of rising health care costs, poverty and low socioeconomic status are especially problematic for older adults.

North Carolina elderly are twice as likely as younger adults to have incomes below the federal poverty level. Elderly blacks and American Indians are more than twice as likely as other elderly to live in poverty. In 2000, 13.2% of elderly North Carolinians were classified as living in poverty, and 23.3% were living near poverty.¹

Facts About Class & Aging

► Low socioeconomic status is correlated with increased health problems (see chart at right) and other common problems of aging.

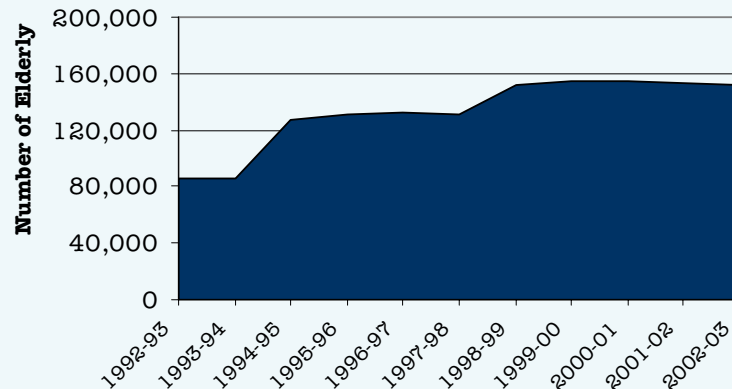
► Older women (12%) have higher rates of poverty than men (8%). Poverty rates are higher for black (24%) and Hispanic (21%) older adults than whites (8%).²

► In 2001, the median net worth of households headed by older white persons was \$205,000; for blacks, it was \$41,000.³

References

1. NC Division of Aging and Adult Services. (2003). The 2003-2007 North Carolina aging services plan.
2. Federal Interagency Forum on Aging-Related Statistics. (2004). Older Americans 2004: key indicators of well-being.
3. see number 2.
4. North Carolina Study Commission on Aging (2004). Report to the Governor and the 2004 Session of the 2004 General Assembly.
5. see number 1.
6. Division of Medical Assistance. (2003). Medicaid Tables For State Fiscal Year 2003, Table 10: Medicaid Service Expenditures by Recipient Group.

Medicaid Eligibility of Elderly in NC

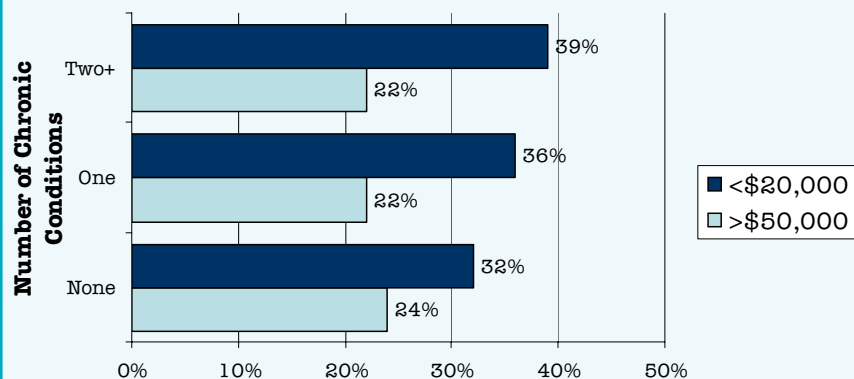


source: NC DHHS, Division of Medical Assistance

Age, sex, race, ethnicity, marital status, living arrangements, educational attainment, former occupation, and work history are characteristics associated with significant income differences. For example, better educated adults tend to have higher incomes, higher standards of living, and above-average health. In North Carolina, 41.6% of older adults do not have a high school degree.⁴ The state has about 3½ times more poor minority males than poor white males, and 2½ times more poor minority females than white females.⁵ Medicaid is one safety net for

older adults in poverty. In North Carolina, older adults are eligible for Medicaid if their income is equal to 100% of the poverty level and have limited other resources. Increasing numbers of older adults in NC are eligible for this safety net (see chart above). The expensive health needs of older adults represents a growing burden for the Medicaid system: in FY 2003, North Carolina spent \$1.8 billion on Medicaid for the elderly. While this population represents 13.9% of total Medicaid recipients, it received 27.4% of total Medicaid resources available.⁶

Older Adults with Lower Incomes Have More Chronic Conditions



Percent of 65+

Source: Center on an Aging Society, "Multiple Chronic Conditions". November 2003.

Issues of gender, race, and class will continue to be relevant in understanding and serving the needs of North Carolina's older population. To learn more about current programs & activities, visit some of the following sites on the World Wide Web:

► North Carolina Organizations

NC Commission of Indian Affairs

<http://www.doa.state.nc.us/doa/cia/indian.htm>

NC Division of Aging - Women & Aging Information

<http://www.dhhs.state.nc.us/aging/women.htm>

NC Division of Medical Assistance (Medicaid)

<http://www.dhhs.state.nc.us/dma/>

NC Division of Social Services, Adult & Family Services

http://www.dhhs.state.nc.us/dss/afs/afs_hm.htm

NC State Demographics

<http://demog.state.nc.us/>

UNC Center on Aging and Diversity

<http://www.aging.unc.edu/cad/index.html>

UNC GH Minority Health Project

<http://www.minority.unc.edu/>

► National Organizations

Center for Aging in Diverse Communities

<http://medicine.ucsf.edu/cadc/>

National Center on Women & Aging

<http://heller.brandeis.edu/national/ind.html>

National Hispanic Council on Aging

<http://www.nhcoa.org/>

National Indian Council on Aging

<http://www.nicoa.org/>

National Resource Center on Native American Aging

<http://www.und.nodak.edu/dept/nrenaa/>

Older Women's League

<http://www.owl-national.org/>

► Reports & Data

A health profile of older North Carolinians

<http://www.schs.state.nc.us/SCHS/pdf/Elderly.pdf>

Aging in the twenty-first century: difficult dialogues program consensus report

<http://www.stanford.edu/group/IRWG/ResearchPrograms/DifficultDialogues/1/ConsensusReport.pdf>

Changing America: Indicators of Social and Economic Well-Being by Race and Hispanic Origin

<http://www.access.gpo.gov/eop/ca/index.html>

Health United States with Health & Aging Chartbook, 1999

[http://www.cdc.gov/nchs/data/99.pdf](http://www.cdc.gov/nchs/data/hus/99.pdf)

Health and Retirement Study (HRS) and Asset and Health Dynamics Among the Oldest Old (AHEAD)

<http://www.umich.edu/~hrswwww/index.html>

NC State Demographics Unit

<http://demog.state.nc.us/>

The State of Aging and Health

http://www.miaonline.org/press/content/State_of_Aging_Report.pdf

Trends in Health & Aging

<http://www.cdc.gov/nchs/about/otheract/aging/trenddata.htm>

US Census Bureau Poverty Information

<http://www.census.gov/hhes/www/poverty.html>

Women's Health and Aging Study

<http://www.nia.nih.gov/healthinformation/publications/reports/womenshealthagingstudy.htm>

Work Group on Minority Aging Newsletter

<http://www.nia.nih.gov/newsandevents/workgrouponminorityaging.htm>

November 2005, revised edition

Suggested citation: UNC Institute on Aging. (2005). Gender, Race and Class: Enduring Inequalities in Later Life, A North Carolina Perspective. Chapel Hill, NC. Available online: www.aging.unc.edu/infocenter/resources/2005/grfactsrevised.pdf.

Please feel free to copy this document.

For more information, contact:

UNC Institute on Aging Information Center
720 Martin Luther King Blvd. Suite 100

CB #1030

Chapel Hill, NC 27599-1030

phone: (919) 966-9444

www.aging.unc.edu

